RI Community Medication Assistance Program

Procedures and Requirements

Updated 3/1/2012

Table of Contents

I. History and Overview

The Rhode Island Community Medication Assistance Program (CMAP) provides psychotropic/addiction medications to community clients who require them in order to avoid psychiatric hospitalization or substance abuse detoxification but who cannot afford them. The program originated when the cost of medication was identified as a stumbling block in the process of deinstitutionalization of the State hospital in Rhode Island over 25 years ago.

Initially, clients who were moved to community settings were required to come back to the pharmacy located on the grounds of the hospital in Cranston to pick up their medications.

As the number of community clients grew, BHDDH changed the system to one in which private pharmacies in each catchment area were asked to stock medication purchased and distributed by the State on their shelves and dispense it to clients who presented with a CMAP scrip.

In April of 2009, the program moved to an electronic format based on the existing Medicaid system. This approach expanded the number of pharmacies that clients have to choose from; allowed the State to more effectively coordinate third party liability; provided more effective control of eligibility; simplified the system for the payment of pharmacy dispensing fees; and eliminated the need for the State to operate a pharmacy warehouse.

In July of 2009, the program expanded to include licensed substance abuse agencies and added new medications specifically indicated for the treatment of clients with substance abuse/dependency disorders.

In July of 2010, the program moved to a web-based eligibility system which streamlines the process by allowing direct communication between providers and HP for all eligibility issues.

II. Client Eligibility

The licensed provider agencies designated by the Department to participate in the program are responsible for collecting the necessary documentation to make an initial eligibility determination, subject to final approval by BHDDH. The providers are also required to make periodic redeterminations of eligibility on a schedule determined by the Department. These determinations are made through uniform application of the guidelines listed below.

APPLICABLE TO ALL CLIENTS

1. The client must be 18 years of age or older and be a legal resident of the State of Rhode Island. Additionally, the client must be a U.S. citizen or a lawful permanent resident of the US for a period of 5-years or more with a number of exception criteria. (see Appendix 7 for documentation requirements)

2. The prescribing clinician must determine that the medication is medically necessary. For audit purposes, the fact that the prescriber issued a prescription to the client is prima facie proof of medical necessity assuming appropriate documentation exists in the medical record.

3. The client must have total household income less applicable deductions of less than 200% of the Federal Poverty Level. Allowable income levels by family size are shown in the appendix to this document. There are no exceptions to this requirement.

   For purposes of CMAP, "total household income" includes income from wages and tips; alimony or child support; and the gross amount of any pension or annuity (including private pensions; railroad retirement act benefits; payments received under the Federal SSA or State unemployment insurance laws; and Veterans disability pensions)

   "Income" does not include capital gains and non-cash benefits such as public housing, Medicaid, and food stamps.

   "Applicable deductions" are as follows:

   a) Documented court ordered payments going out of the household, e.g. alimony and child support;

   b) Documented medical expenditures including out-of-pocket medical costs as well as medical insurance costs including premiums, deductibles and co-payments.

4. The client must provide the necessary documentation to apply for Medicaid within 30 days of enrollment into the CMAP program if, in the opinion of the agency, they would be eligible if they applied. The agency must promptly terminate clients who fail to comply with this requirement.

5. The client must provide the necessary documentation to enable the agency to enter complete TPL information within 30 days of enrollment. The TPL requirement is applicable to clients with any type of third-party coverage including those who are entering a Medicaid "spend-down". The agency must promptly terminate clients who fail to comply with this requirement.

6. The agency making the initial assessment of CMAP eligibility must review the client's insurance coverage and all other pharmacy benefits and determine that either:

   a) those benefits do not pay for the required medication or;

b) that if those benefits do cover medication, out-of-pocket expenses required for a one-month supply of the medication being considered for inclusion in the CMAP program equals or exceeds 25% of the client's net monthly income. (Note that the <200% FPL requirement must still be met.)

7. There may be restrictions on the medications that clients who have "Medicare only" are eligible for. This is determined as follows:

   a) Medicare-only clients must apply for the Medicare Low Income Subsidy in order to be considered for CMAP.

      i. Applicants who are found ineligible for the Part D Low Income Subsidy at the <135% FPL tier are eligible for all CMAP medication as determined by medical necessity assuming that they meet all other eligibility criteria including those specified in item 6 above.

      ii. Applicants who are found eligible for the LIS at the <135% FPL are eligible to receive only those CMAP medications which are not able to be covered under Medicare Part D (e.g. benzodiazepines), again as determined by medical necessity.

   b) A copy of the LIS determination letter must be kept in the client's file. Proof of a request for same may be used for an initial eligibility determination provided that a copy of the actual letter is entered into the file when it is received.

   c) A change in client status that indicates potential eligibility for LIS should trigger a repeat application with the results being recorded in the client's file.

8. Client assets (e.g. house, trust fund, bank account) are not normally considered in the determination of eligibility. However, the Department reserves the right to review any individual client's situation and deny eligibility in the event that available assets in an amount determined by the Department to be "excessive" are found.

APPLICABLE TO NEW ADMISSIONS ONLY (EFFECTIVE 7/1/2011)

1. New admissions must have had either an inpatient stay in a hospital psychiatric unit OR a stay in a licensed Acute Services Unit (ASU/CSU) OR a stay in any other State-approved hospital diversion alternative within 30 days prior to CMAP admission.

The following guidance applies.

Q1. Does this include beds other than those paid for with State funds? Does it include clients who are seen in a hospital ER but not admitted? Does it include clients who are discharged from "23-hour beds"?

A1. It includes any psychiatric inpatient bed in any hospital without regard for funding source. It does not include individuals who present at an emergency room but who are released before actual admission to one of the settings described in item 1 above, nor does it include clients

discharged from general medical/surgical beds. It does include clients who are admitted to, and discharged from, '23-hour beds'.

Q2. Does it include long term clients from ESH or other long-term settings or is it restricted to acute units?

A2. It includes anyone who has been admitted and treated in any of the settings described with a length of stay of at least one day.

Q3. We have a client who went into the ER but was sent to a bed at Phoenix before they were admitted to the hospital. Can we put them on CMAP?

A3. No. Community-based detoxification beds are not considered to be either acute alternative or psychiatric inpatient beds for CMAP purposes.

Q4. Can the client receive CMAP medication while they are still in the inpatient/acute alternative setting?

A4. Providers are strongly encouraged to begin the process of eligibility verification as soon as they become aware of a potential new recipient and may enter eligibility via the HP web portal whenever the process is complete. The approved provider may also write the scrip prior to discharge.

If the client is in a hospital bed, the scrip may not be filled before the day that the client is discharged as the hospital is responsible for the client's medication until discharge. If the client in an inpatient alternative (e.g. an ASU/CSU), the scrip may be filled at the point that the client becomes eligible as the cost of medications is not included in their rate.

Q5. a) We have a dual eligible who was on CMAP last calendar year due to reaching the "donut hole" but who is currently receiving medication this year under Medicare Part D. They will likely enter the donut hole again this year. Will that be considered to be a "new admission"?

b) We have a client who is due to be discharged from the ACI who requires psychotropic medication. Must she meet criteria required for new admissions?

c) We have a client who was court-ordered into treatment and who requires psychotropic medications that he cannot afford. Must he meet criteria?

d) We have a Medicaid recipient who normally enters a "spend down" period twice a year but who is currently receiving medications through Medicaid? Will it be a "new admission" when that client once again enters spend-down?

A5. All clients referenced in sections a—d of this question are considered "new admissions" to CMAP and must meet all applicable criteria.

CMAP RESTRICTED TO CSP CLIENTS ONLY (EFFECTIVE 12/1/2011)

1. Effective December 1, 2011, all current clients who do not meet CSP criteria (see Appendix 8) at the time of their eligibility redetermination must be discharged from the CMAP program.

2. Eligibility verification for all clients must be repeated at least once every 6 (six) months with appropriate supporting documents being entered into the client's file. A suggested process for the review can be found below.

3. All new admissions to the program must receive a clinical evaluation within 30 days of admission to determine whether they meet CSP criteria. Clients who do not meet criteria must be discharged from the CMAP program.

4. All clients discharged from CMAP may be allowed access to a 30-day supply of medication while the CMHO works with them to find an alternate source of coverage.

5. The timing of the six-month and annual reviews may vary a month or so either way given the availability of the client to participate. The Department will consider a review to be "on time" if it is done within 30 days of the end of the month in which it was due, e.g. plans due July 1 or July 31 would be 'on time' if completed by August 30.

6. A suggested format for the annual and 6-month reviews is as follows.

6-Month Review:

1) Review medical necessity for ongoing service and document it in the treatment plan

2) Verify that the client meets CSP criteria as delineated in Appendix 8 of this manual. If the client does not meet criteria, they must be discharged from the program.

3) Ask the client if anything has changed with their insurance coverage, residency, or income. If their response is positive, collect appropriate documentation and make a new determination based on same.

   If their response is negative, check their insurance coverage on REVS prior to having client sign an affidavit certifying that nothing has changed and save it in the client file

Annual Redetermination:

1) Review medical necessity for ongoing service and document it in the treatment plan.

2) Verify that the client meets CSP criteria as delineated in Appendix 8 of this manual. If the client does not meet criteria, they must be discharged from the program.

3) Collect updated documents verifying client income and residency.

4) Check insurance coverage on REVS and put a copy of the results in the client file.

5) Make a determination of eligibility based on information collected.

Q1. My client went through a full CMAP eligibility redetermination on November 1 and was found to be eligible. Does she need now need to be assessed for CSP eligibility in December?

A1. She requires a review within six months which would mean by April 30. Providers are not required to conduct immediate CSP determinations for all clients on December 1. Rather, clients may be assessed in conjunction with their 6-month treatment plan review or regularly scheduled CMAP review if those events do not occur at the same time.

Q2. My client was just admitted as a "new client". When must she be reviewed for CSP status?

A2. The client must be assessed for CSP status within 30 days of admission to the program. If the client is found to be CSP eligible, her next redetermination will be in 6 months. If the client is not found CSP eligible, she must be discharged from the program.

Q3. My client was admitted to CMAP nearly 4 months ago and has missed multiple appointments so we do not yet have enough data to decide whether he is CSP eligible or not? What do we do?

A3. CSP eligibility must be determined within 30 days of program admission. The client should have been discharged from CMAP three months ago.

Q4. My client is a general outpatient who has been stable on his medication for over a year. Can he be "grandfathered" in?

A4. He must be assessed for CSP eligibility at the time of his next CMAP review/re-determination and removed from the program if he does not meet CSP eligibility criteria.

III. Agency Requirements

1. The agency must collect all required documentation relating to proof of citizenship, residency, lack of insurance, and income and enroll the client in CMAP via the DHS interactive web transaction site at www.dhs.ri.gov/secure/logon.do The agency must maintain paper or electronic copies of documents utilized to determine that the client meets the above criteria and provide them to BHDDH upon request.

2. For CMAP purposes, agencies may base the "verification of eligibility" for the web system on the data that you receive during the client's initial intake even if the client does not have all of the required documentation in hand. You will then have 30 days from the date of entry into the system to gather any missing items and include them in the client file.

   You must terminate via the web any client for whom complete documentation is not available at the 30 day mark.

   As there is currently no mechanism in the on-line system to track terminations due to failure to finalize eligibility, you must also submit paper termination forms (Appendix 5) to the Department for of clients in this category so that CNOM claims can be adjusted accordingly. Note: This requirement does NOT apply to clients who are terminated solely because they do not meet CSP criteria.

3. The agency is responsible for monitoring client eligibility and terminating clients via the web site as soon as they determine that a client is ineligible for CMAP. Additionally, each client must be provided with written notification of their termination from the program using whatever format the agency chooses with a copy of the notification going in the client's file.

4. For purposes of continuity of care, clients who are CMAP eligible at one agency may retain their eligibility while being served by a different agency for up to 14 days if there is reasonable expectation that their ongoing care will be handled by the initial entity.

   For example, consider a CMAP recipient from TPC who presents for treatment at an ER and is subsequently admitted to an ASU for a brief period of stabilization prior to returning to TPC. In this instance, the ASU would write a prescription based on the client's existing eligibility without changing the client's status in the web-based system.

5. Each agency must provide BHDDH with an initial roster of prescribers eligible to sign CMAP prescriptions and must update that roster on an ongoing basis using the "Authorized CMAP Provider Add/Drop Form" (NPI-07/10) contained in this manual. BHDDH will subsequently insure that prescribers are added to/dropped from the master roster of prescribers maintained by HP. Submission of an incorrect NPI may result in a client being denied medication at the pharmacy. Please allow at least 2 full weeks for processing.

6. Providers will be held responsible for all scrip written by clinicians who are on their roster at HP. Specifically, the agency still retains ultimate responsibility for the actions of the prescriber with regard to the program, both clinically and fiscally, until appropriate paperwork to drop the prescriber is submitted. The cost of improperly prescribed/dispensed medication may be charged back to the agency at the discretion of the Department.

7. All agencies must provide the BHDDH CMAP Coordinator with a current copy of the policies and procedures that govern their internal CMAP operation and must update this copy as changes occur.

8. Clinicians may want to prescribe a medication for which samples are routinely provided under the State's efficacy/effectiveness program. Prior to putting a client on the CMAP program for these medications, agencies must make arrangements to directly provide clients with up to 2-month's worth of samples if they are available.

9. The original prescription and all refills specified thereon must not result in a supply of the medication that will last more than 90 days in total.

10. Prescribers are not required to write for generics at the present time. However, they are strongly encouraged to do so in cases where they are available and where patient care will not be affected. Additionally, RI law requires pharmacists to dispense a generic, if one exists, unless the physician

12. Providers are strongly encouraged to take per-tablet costs into account when prescribing. A listing of a few of the more costly CMAP medications for which the cost per tablet does not necessarily increase proportionately with the strength can be found in Appendix 1, "Approximate CMAP Medication Costs (Cost-09/11)".

13. The Department is working with DHS to reduce the utilization of low-dose Seroquel for sleep. Given that hydroxyzine is commonly used "off label" for sleep and can be clinically effective while also significantly cutting costs, it was added to the CMAP formulary in April of 2011. While Seroquel is now "off-patent", it is still significantly more expensive than hydroxyzine. As an example, the "normal" dose of hydroxyzine hcl for sleep is approximately 25 to 50 mg and would cost somewhere in the neighborhood of 32—38 cents per day. On the other hand, Seroquel in the 25mg dose form costs approximately $3 /tablet.

    In order to keep costs in check, we ask that you utilize an alternative to Seroquel for sedation.

IV. Monitoring and Utilization Review

The interactive web transaction program replaces the initial application submission, review and approval process formerly conducted by BHDDH. However, BHDDH still has the responsibility of monitoring agency performance under the program to insure compliance with all CMAP requirements, including suggestions in the area of prescribing practices.

To fulfill that responsibility, the Department will periodically conduct both desk audits and on-site reviews. These reviews may include verifying that the agency has either hard or electronic copies of documents demonstrating proof that the client meets citizenship, residency and income requirements and that the agency has verified that the client does not have adequate pharmacy coverage from another insurer. They may also seek to verify that correct TPL information has been entered; that documentation around LIS for Medicare recipients is in order; and that a complete review of eligibility occurs at appropriate intervals.

Additional reviews may look at utilization, adequacy of chart documentation, and prescribing practices both by individual physicians and within an agency as a whole.

Since the CMAP program is now using the CNOM (Costs Not Otherwise Matchable) coverage in the Medicaid Global Waiver as a funding source, all aspects of the program are also subject to review by the Department of Human Services as well as the Federal Centers for Medicare and Medicaid Services.

V. Contacts

BHDDH

Polina Freydina
Barry Hall 3rd Floor
14 Harrington Road, Cranston, RI 02920-3080
Phone: 401-462-1565
Fax: 401-462-0339

Ron Tremper
Barry Hall 3rd Floor
14 Harrington Road, Cranston, RI 02920-3080
Phone: 401-462-6008
Fax: 401-462-0339

EDS

Help Line

401-784-8100

(03/11)

VI. Frequently Asked Questions

Q1. Can a prescriber not employed by a licensed agency prescribe CMAP medication and, if so, how?

A1. As a general rule, clients are only enrolled in the CMAP program if they are being seen by a prescriber employed at a licensed agency.

However, agencies may choose to designate a properly credentialed individual who is not in their employ as a CMAP prescriber. In this situation, the agency must simply submit the "Authorized CMAP Prescribers Add/Drop Form" to BHDDH. It is important to note that the agency still retains the ultimate responsibility for the actions of the prescriber with regard to the program, both clinically and fiscally, until the prescriber is terminated from the program. The cost of improperly prescribed/dispensed medication may be charged back to the CMHO at the discretion of the Department.

Q2. Will CMAP cover medications/dose forms that are not on the formulary and, if so, how?

A2. While the CMAP formulary is extensive, it does not include all possible medications and dose forms. However, the electronic system does not allow the Department to make formulary exceptions for an individual case.

That said, we realize that new medications are constantly becoming available and would like to be responsive to client need. If the Department receives a significant number of requests from the community for the addition of a new medication to the formulary, we will ask for an advisory opinion from the Medicaid Pharmacy & Therapeutics Committee. With that in hand, BHDDH will consider the areas of cost and effectiveness relative to other medications in the class and make a final determination.

Q3. Must clients have a trial on standard medications before receiving an atypical anti-psychotic?

A3. The Department allows the utilization of atypicals as first line medications for individuals who have not had a trial on standard medications as long as sufficient clinical justification is provided. This justification must be based on a comprehensive clinical review of a patient's prior exposure to, and current use of, the entire range of psychotropic medications.

While the Department has removed all preauthorization requirements, providers are required to utilize samples, when available, for up to 2-months and to evaluate the client clinically at the end of the sample period to determine whether the medication has produced an improved clinical response. The result of this evaluation must be entered into the client record.

Clients who display an improved clinical response may continue to receive the medication under the CMAP program. Providers should consider alternative medications for those who do not exhibit an improved response during the sample period.

Q4. Are General Outpatient clients eligible for the CMAP program?

A4. As of December 1, 2011, ongoing participation in the CMAP program was restricted to CSP clients. Clients must be assessed for CSP eligibility at their 6-month review and terminated it they do not meet criteria.

Q5. Must we enroll a client in CMAP if we do not feel that it is appropriate?

A5. There is no obligation for a provider to enroll someone in CMAP if they do not feel that the client is appropriate. While BHDDH has expended a great deal of time and effort to make the CMAP program available to individuals in the community experiencing mental health or substance abuse problems, the program is there as a resource for providers to use and not as a mandate.

Q6. We have a client who needs his medication today. How do we arrange for him to get it?

A6. When the CMAP program moved to the electronic system, it underwent a fundamental change in that the possession of a "CMAP scrip" is no longer an indication of program eligibility. Rather, eligibility begins at the time that the client is entered into the electronic system and assigned a CMAP number. Unfortunately, the process does not occur in "real time" and can take several days.

With regard to the question of how a client might receive medication immediately, there are at least 3 potential approaches.

First, consider the use of a medication for which you have samples available. While there are a small number of medications sampled relative to the overall size of the formulary, the sample program covers those medications that are most commonly prescribed and includes at least one medication from each of the following classes: antipsychotics, antidepressants, mood stabilizers, and anxiolytics.

Second, consider prescribing from the list of generics available for $4 at Wal-Mart, Target, etc. For example, a 30-day supply of trazodone, one of the program's most frequently filled prescriptions, is on the $4 list at Wal-Mart, Sam's Club and Target as of 9/20/11.

Third, consider contacting the client's pharmacy and asking them for a partial “courtesy fill” pending receipt of a CMAP number. Most pharmacies are willing to provide same as long as the insurance number follows promptly. In most cases, you will get the client's number from HP the day after you enter data into the on-line system assuming that everything is in order.

Q7. When will the client receive their CMAP card? What do we do if the client loses their card or if the information on it is incorrect?

A7. CMAP cards are processed on a monthly basis during the first week of the month.. Therefore, clients who become eligible just before the monthly batch run will receive their card in a few days while clients who become eligible just after the run will not receive a card for a month. That said, possession of the card is not necessary as long as the client has their CMAP number.

In the event that the client loses their card or if the information on it is incorrect, go on-line and update the client’s demographic information being sure to specify “Create Replacement ID Card”. A new card will be generated in the next monthly batch run.

Q8. Who can prescribe Suboxone/Subutex?

A8. The provision of opioid addiction treatment with Subutex® or Suboxone® in treatment settings other than OTPs, even by physicians who are licensed to practice in OTPs, requires that the

physician obtain a DATA 2000 waiver. These providers are subject to the patient limits for individual physicians (i.e. maximum of 30 clients at any one time in the first year, up to 100 in the second).

SAMHSA regulations permit certified OTPs serving persons addicted to prescription opioids or heroin to use Subutex® and Suboxone® for opioid maintenance or detoxification treatment without a DATA 2000 waiver. Treatment in the OTP setting is not subject to the patient limits that apply to individual physicians providing opioid addiction treatment outside the OTP system as long as the medication is written as an order and not a prescription. OTPs providing patients with a prescription are subject to patient limits as shown above.

Detailed information along with a web-based waiver application may be obtained from the following website: http://www.buprenorphine.samhsa.gov .

Q9. What paperwork do we have to submit to BHDDH?

A9. At the present time, the only paperwork that must be routinely submitted to BHDDH is as follows:

1) "CMAP Termination Due To Lack of Documentation" form which enables us to ensure that CNOM billing for the program is correct;

2) "Authorized CMAP Prescribers Add/Drop" form which allows us to update the web registry of eligible prescribers.

Q10. We are required to terminate clients from the program for a number of reasons, e.g. they do not meet CSP criteria, they do not produce required documentation, etc. How do we handle these "terminations"?

A10. On the administrative end, you must provide the client notification of the termination in writing and also work with them to attempt to access an alternative source for their medication. From a clinical standpoint, you may allow the client access to a 30-day supply of medication if required to cover them during the transition period.

Q11. Our CMAP program was audited and we were cited for a client who dropped out of service and was discharged from our agency but filled her prescription anyway. How can we be responsible when we do not control when the client gets her prescription filled?

A11. We agree that you do not control when the client gets her prescription filled. However, the web-based eligibility system allows you do control when she does NOT get it filled. And in the case above, when the client was discharged, her CMAP eligibility should have been terminated.

VII. Appendices

1. Approximate CMAP Medication Costs (Cost-09/11)
2. Federal Poverty Level Guidelines (2/12)
3. Authorized CMAP prescribers Add/Drop (NPI-07/10)
4. CMAP Formulary 9/23/11
5. CMAP Termination Due To Lack of Documentation (7/10)
6. Examples of Acceptable Documentation For Areas Other Than Citizenship (4/10)
7. Examples of Acceptable Documentation for Citizenship (RI Medicaid Policy Manual 4/10)
8. CSP Client Determination Form (10/13/2011)

Appendix 1: Approximate CMAP Medication Cost 9/23/11

DRUG DESCRIPTION	APPROX. $/ TABLET
ARIPIPERAZOLE 2 MG. (ABILIFY)	16.38
ARIPIPERAZOLE 10 MG (ABILIFY)	16.36
ARIPIPERAZOLE 15 MG (ABILIFY)	15.54
ARIPIPERAZOLE 20 MG (ABILIFY)	22.99
ARIPIPERAZOLE 30 MG (ABILIFY)	23.08
ATOMOXETINE 25 MG (STRATTERA)	5.42
ATOMOXETINE 40 MG (STRATTERA)	5.82
ATOMOXETINE 60 MG (STRATTERA)	5.86
DULOXETINE 20 MG (CYMBALTA)	4.31
DULOXETINE 30 MG (CYMBALTA)	4.77
DULOXETINE 60 MG (CYMBALTA)	4.78
ESCITALOPRAM 10 MG (LEXAPRO)	3.52
ESCITALOPRAM 20 MG (LEXAPRO)	3.65
PALIPERIDONE 3 MG (INVEGA)	15.30
PALIPERIDONE 6 MG (INVEGA)	15.20
PALIPERIDONE 9 MG (INVEGA)	22.79
OLANZAPINE 2.5 MG (ZYPREXA)	9.53
OLANZAPINE 5 MG (ZYPREXA)	11.28
OLANZAPINE 7.5 MG (ZYPREXA)	13.71
OLANZAPINE 10 MG (ZYPREXA)	16.16
OLANZAPINE 15 MG (ZYPREXA)	25.39
OLANZAPINE 20 MG (ZYPREXA)	33.82
OLANZAPINE ZYDIS 5 MG (ZYPREXA)	12.26
OLANZAPINE ZYDIS 10 MG (ZYPREXA)	17.93
QUETIAPINE 25 MG (SEROQUEL)	3.06
QUETIAPINE 50 MG (SEROQUEL)	5.17
QUETIAPINE 100 MG (SEROQUEL)	5.38
QUETIAPINE 200 MG (SEROQUEL)	9.79
QUETIAPINE 300 MG (SEROQUEL)	13.14
QUETIAPINE 400 MG (SEROQUEL)	15.47
VENLAFAXINE 25 MG (EFFEXOR)	.83
VENLAFAXINE 37.5 MG (EFFEXOR)	.86
VENLAFAXINE 50 MG (EFFEXOR)	.92
VENLAFAXINE 75 MG (EFFEXOR)	.93
VENLAFAXINE 100 MG (EFFEXOR)	.98
VENLAFAXINE XR 37.5 MG (EFFEXOR XR)	4.27
VENLAFAXINE XR 75 MG (EFFEXOR XR)	4.33
VENLAFAXINE XR 150 MG (EFFEXOR XR)	5.04
ZIPRASIDONE 20 MG (GEODON)	7.07
ZIPRASIDONE 40 MG (GEODON)	7.06
ZIPRASIDONE 80 MG (GEODON)	8.53

Appendix 2: Federal Poverty Level Guidelines 2/12

2012 Federal Poverty Level Guidelines
Federal Register January 26, 2012 (Volume 77, Number 17)

Family Size	100%			200%			250%		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	11,170	931	215	22,340	1,862	430	27,925	2,327	537
2	15,130	1,261	291	30,260	2,522	582	37,825	3,152	727
3	19,090	1,591	367	38,180	3,182	734	47,725	3,977	918
4	23,050	1,921	443	46,100	3,842	887	57,625	4,802	1,108
5	27,010	2,251	519	54,020	4,502	1,039	67,525	5,627	1,299
6	30,970	2,581	596	61,940	5,162	1,191	77,425	6,452	1,489
7	34,930	2,911	672	69,860	5,822	1,343	87,325	7,277	1,679
8	38,890	3,241	748	77,780	6,482	1,496	97,225	8,102	1,870

For families with more than 8 persons, add $3,960 @100%, $7,920 @ 200% & $9,900 @ 250% for each person.

Tremper 2/7/12

Appendix 3: Authorized CMAP Prescribers Add/Drop

Authorized CMAP Prescribers Add/Drop
The agency is ultimately responsible for all scrip written by prescribers that it authorizes.
Allow at LEAST 2 weeks for processing.

Agency	Prescriber Last Name	Prescriber First Name	Prescriber Middle Initial	Credential (e.g. MD, DO, etc.)	National Provider ID (Must be EXACTLY 10 Digits)	Action (Add/Delete)

NPI-07/10

Appendix 4: Community Medication Assistance Program (CMAP) Formulary

	List of Available Medications	
	Date: 9/23/11	
Description-Generic Name	**Description-Brand Name**	**Strength**
Alprazolam	Xanax	0.25mg, 0.5mg, 1mg
Amantadine	Symmetrel	100mg
Amitriptyline	Elavil	10mg, 25mg, 50mg, 75mg,100mg
Amoxapine	Asendin	50mg,100mg
Arpiperazole	Abilify	2mg,10mg,15mg, 20mg, 30mg
Atomoxetine	Strattera	25mg, 40mg, 60mg
Benztropine Mesylate	Cogentin	0.5mg, 1mg, 2mg
Biperidine	Akineton	2mg
Buprenorphine	Subutex	2mg, 8mg
Buprenorphine/Naloxone	Suboxone	2mg/0.5mg, 8mg/2mg
Bupropion	Wellbutrin	75mg,100mg
Bupropion SR	Wellbutrin SR	100mg,150mg
Bupropion XL	Wellbutrin XL	150mg, 300mg
Buspirone	Buspar	5mg, 10mg
Carbamazapine	Tegretol	200mg
Carbamazapine	Carbatrol	300mg
Carbamazapine Chewable	Tegretol Chewable	100mg
Chlordiazepoxide	Librium	10mg, 25mg
Chlorpromazine	Thorazine	10mg, 25mg, 50mg,100mg, 200mg
Citalopram	Celexa	20mg, 40mg
Clomipramine	Anafranil	25mg, 50mg, 75mg
Clonazepam	Klonopin	0.5mg,1mg,2mg
Clonidine	Catapres	0.1mg
Clozapine	Clozaril	25mg, 100mg
Clozapine	FazaClo	25mg,100mg
Desipramine	Norpramin	10mg, 25mg, 50mg
Diazepam	Valium	2mg, 5mg, 10mg
Diphenhydramine	Benadryl	25mg, 50mg
Disulfiram	Antabuse	250mg
Divalproex Sodium	Depakote ER	250mg, 500mg
Divalproex Sodium	Depakote Sprinkle	125mg
Divalproex Sodium	Depakote	125mg, 250mg, 500mg
Doxepin HCL	Sinequan	10mg, 25mg, 50mg,100mg
DSS Sodium	Colace	100mg
Duloxetine	Cymbalta	20mg, 30mg, 60mg
Escitalopram	Lexapro	10mg, 20mg
Eszopiclone	Lunesta	2mg, 3mg
Fluoxetine	Prozac Weekly	90mg
Fluoxetine	Prozac	10mg, 20mg
Fluphenazine	Prolixin	1mg, 2.5mg, 5mg,10mg
Fluphenazine Decanoate	Prolixin Decanoate	25mg/ml
Fluvoxamine	Luvox	50mg,100mg
Gabapentin	Neurontin	100mg, 300mg, 400mg, 600mg, 800mg
Haloperidol	Haldol	0.5mg,1mg, 2mg, 5mg,10mg, 20mg
Haloperidol Concentrate	Haldol	2mg/ml-120ml

Hydroxyzine Pamoate	Atarax, Vistaril	25mg, 50mg, 100mg
Hydroxyzine HCL		10mg, 25mg, 50mg
Hydroxyzine HCL Syrup		10mg/5ml
Haloperidol Decanoate	Haldol	50mg/ml , 100mg/ml
Imipramine	Tofranil	10mg, 25mg, 50mg
Lamotrigine	Lamictal	25mg,100mg
Levothyroxine	Synthroid	0.025mg, 0.05mg, 0.1mg, 0.125mg, 0.15mg, 0.2mg
Liothyronine Sodium	Cytomel	50mcg
Lithium Carbonate	Eskalith CR	450mg
Lithium Carbonate	Eskalith	300mg
Lithium Carbonate	Lithobid SA	300mg
Lithium Citrate	Cibalith-S	8mEq/5ml
Lorazepam	Ativan	0.5mg,1mg, 2mg
Loxapine	Loxitane	5mg, 10mg, 25mg, 50mg
Mirtazapine	Remeron	15mg, 30mg
Molindone	Moban	5mg, 10mg, 25mg, 50mg
Nadolol	Corgard	40mg
Naltrexone	Revia	50mg
Naltrexone	Vivitrol	380mg
Nefazodone	Serzone	100mg,150mg, 200mg, 250mg
Nortriptyline	Aventyl/Pamelor	10mg, 25mg, 50mg, 75mg
Olanzapine	Zyprexa	2.5mg, 5mg, 7.5mg,10mg, 15mg, 20mg
Olanzapine	Zyprexa Zydis	5mg,10mg
Oxazepam	Serax	10mg,15mg, 30mg
Ozcarbazepine	Trileptal	150mg, 300mg
Paliperidone	Invega	3mg, 6mg, 9mg
Paliperidone Palmitate	Invega Sustenna	39mg, 78mg, 117mg, 156mg, 234mg
Paroxetine	Paxil	10mg, 20mg, 30mg
Paroxetine	Paxil CR	12.5mg, 25mg, 37.5mg
Perphenazine	Trilifon	2mg, 4mg, 8mg, 16mg
Phenelzine Sulfate	Nardil	15mg
Phenobarbital		30mg, 60mg
Phenytoin	Dilantin	100mg
Phenytoin	Dilantin Infantabs	50mg
Primidone	Mysoline	250mg
Propranolol HCL	Inderal	10mg, 20mg, 40mg, 80mg
Quetiapine Fumarate	Seroquel XR	50mg, 150mg, 200mg, 300mg, 400mg
Quetiapine Fumarate	Seroquel	25mg, 50mg 100mg, 200mg, 300mg, 400mg
Risperidone	Risperdal	0.5mg,1mg, 2mg, 3mg, 4mg
Risperidone	Risperdal M-tabs	2mg
Risperidone Microspheres	Risperdal Consta	25mg, 37.5mg, 50mg
Risperidone Solution	Risperdal	1mg/ml
Sertraline	Zyprexa	50mg,100mg
Temazepam	Restoril	15mg, 30mg
Thioridazine	Mellaril	10mg,15mg, 25mg, 50mg, 100mg, 200mg
Thiothixene	Navane	1mg, 2mg, 5mg,10mg, 20mg
Topiramate	Topomax	25mg,100mg
Tranylcypromine	Parnate	10mg
Trazodone	Desyrel	50mg,100mg
Trifluoperazine	Stelazine	1mg, 2mg, 5mg,10mg

Trihexyphenidyl	Artane	2mg, 5mg
ValproicAcid	Depakene	250mg, 250mg/5ml
Venlafaxine	Effexor	25mg, 37.5mg, 50mg, 75mg,100mg
Venlafaxine	Effexor XR	37.5mg, 75mg,150mg
Ziprasidone	Geodon	20mg, 40mg, 80mg
Zolpidem	Ambien	5mg, 10mg
Zonisamide	Zonegran	25mg,100mg

CMAP Termination Due To Lack of Documentation

Last: | | | | | | | | | | | | | | | | | | |

First: | | | | | | | | | | | | | | MI | |

SSN: | | | | — | | | — | | | | |

CMAP ID | | | | | | | | | |

Date of Birth (mm/dd/yyyy) | | | / | | | / | | | | |

Termination Date (mm/dd/yyyy) | | | / | | | / | | | | |

This client was initially found eligible for the CMAP CNOM pending receipt of additional documentation. Adequate documentation was not received and the client was terminated on the date shown above.

I certify that the client has been duly notified of the termination and assisted in finding an alternate payment source.

Agency:_____ Date: _____

Authorized Signature: _____ Phone: _____

Send Completed Forms To: CMAP Coordinator
Barry Hall 3rd Floor
14 Harrington Rd.
Cranston, RI 02920
Fax 401-462-0339.

TERM-07/10

Appendix 6: Samples of Acceptable Documentation

RI Residence: Examples of the type of documents that may be used for verification of residency are a current Driver's License; RI ID card; DOC ID card; probation correspondence; IRS correspondence; DHS correspondence; pay stub; utility billing statement; DCYF correspondence; GPA award letter; SNAP award letter.

Income Verified as <200% FPL: The client's adjusted income must be < 200% FPL. Some of the documents that may be used for verification are IRS correspondence; pay stub; affidavit; evidence of SSI benefits; evidence of prior Medical Assistance; GPA award letter; employer correspondence; SNAP award letter.

Lack of Insurance: No other company listed; affidavit. Clients with insurance that does not completely cover the service provided are eligible for CMAP services. For example, a client with Medicare Part D who requires benzodiazepines may get them through CMAP as may a Part D recipient who has entered the 'donut hole'.

Treatment Plan: There must be a treatment plan signed and dated by Licensed Practitioner of Healing Arts and current as of the day that the initial prescription was written. For purposes of CMAP, a "Licensed Practitioner of the Healing Arts" is an individual who meets criteria specified in section 9.10 of the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations

The only exception is that prescriptions for clients on their initial visit to the crisis intervention unit may be provided without a plan provided that they are written by a clinician with prescribing privileges. Subsequent prescriptions issued through the unit must be authorized under a Crisis Stabilization Treatment Plan.

For purposes of CMAP, a "current" treatment plan is either: a) an initial treatment plan which may cover either 4 clinical visits or a period of 30 days, whichever comes first or b) a 'final treatment' plan, either written or reviewed within 6-months prior to the date of service.

Medication Authorization

Medication

A paper or electronic entry in the client's record or med sheet prescribing the medication for a period of time that includes the date of service is considered to be documentation of medical necessity for the service. Correct units are deemed to have been provided based on dispense of the product by a licensed pharmacist.

Signatures

For medication, the entry must be dated and signed by a licensed prescriber, e.g. physician or RN with prescribing privileges, with their title clearly visible.

Appendix 7: Examples of Acceptable Documentation for Citizenship (RI Medicaid Policy Manual 4/10)

0304.05.10.05 Verification of Citizen Status

REV:04/2010

In compliance with the Federal Deficit Reduction Act (DRA) of 2005

A. CITIZENSHIP - Acceptable verification of citizenship is divided into four (4) tiers.
   1. FIRST LEVEL (PRIMARY DOCUMENTATION)
      a. The following forms of documentation qualify as both proof of citizenship and identity:
         i. A U.S. Passport
            * Passport does not have to be currently valid to be accepted as proof of citizenship
            * Passports issued with a limitation are not considered evidence of U.S. citizenship but is considered proof of identity.
         ii. A Certificate of Naturalization (Forms N-550 or N-570)
         iii. A Certificate of U.S. Citizenship (Form N-560 or N-561)
      b. Applicants and recipients born outside of the United States who were not U.S. citizens at birth, must submit First Level documentation as evidence of U.S. citizenship.
      c. If the applicant/recipient does not possess any of the above forms of documentation, then documentation of both the individual's citizenship (preferably from the Secondary tier of documentation) and identity is necessary.
   2. SECOND LEVEL (SECONDARY)
      a. If documentation from the First Level (Primary Documentation) of citizenship is not available, the applicant/recipient must submit both a document from one of the lower levels of citizenship documentation as well as a document from the list of acceptable forms of identity documentation.
      b. Secondary level documentation includes:
         i. A U.S. Birth Certificate
         ii. A Certification of Birth Issued by the Department of State (Form DS-1350)
         iii. A Report of Birth Abroad of a U.S. Citizen (Form FS-240)
         iv. A Certification of Birth Issued by the Department of State (Form FS-545 or DS-1350)
         v. A U.S. Citizens I.D. Card (Form I-197 or prior version I-179)
         vi. An American Indian Card, I-872 issued by the Department of Homeland Security with the classification code "KIC" issued to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border
         vii. Final Adoption Decree showing the child's name and U.S. birthplace
         viii. Evidence of Civil Service employment by the U.S. government before June 1976
         iv. An official military record of service showing a U.S. place of birth
         x. A Northern Mariana Identification Card, I-873 (issued by the INS to a collectively naturalized citizen of the United States who was born in the Northern Mariana Islands before

            November 4, 1986)
   3. THIRD LEVEL

a. Primary and Secondary levels of documentation must be exhausted before third level documentation is used to verify citizenship as third level documentation is only acceptable if primary and secondary documentation cannot be obtained or does not exist.
b. Third level documentation includes:
    i. Extract of a hospital record on hospital letterhead established at the time of the person's birth and was created at least five (5) years before the initial application date and that indicates a U.S. place of birth. (For children under sixteen (16) years old, the document must have been created at or near the time of birth or five (5) years before the date of application.)
    ii. Life or health or other insurance record showing a U.S. place of birth created at least five (5) years before the initial application day.

4. FOURTH LEVEL
a. Fourth level documentation should only be used under the rarest of circumstances. It is only to be used when absolutely no other documentation exists that will establish the individual's U.S. citizenship.
b. Fourth level documentation includes:
    i. Federal or state census record showing U.S. citizenship or a U.S. place of birth
    ii. Institutional admission papers from a nursing home, skilled nursing care facility, or other institution created at least five (5) years before the initial application date and indicates a U.S. place of birth.
    iii. Medical (clinic, doctor, or hospital) record created at least five (5) years before the initial application date that indicates a U.S. place of birth. (For children under sixteen (16) years old the document must have been created near the time of birth or five (5) years before the date of application.) An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.
    iv. Other documents that were created at least five (5) years before the application for Medicaid. These documents include:
        * Seneca Indian Tribal Census Report,
        * Bureau of Indian Affairs Tribal Census Records of the Navajo Indians,
        * U.S. State Vital Statistics Official nomination of birth registration,
        * An amended U.S. public birth record that is amended more than five (5) years after the person's birth or statement signed by the physician or midwife who was in attendance at the time of birth.
    v. A written affidavit may be used only in rare circumstances when the state cannot prove evidence of citizenship in any other way.
        * Affidavits must be given by at least two individuals - one must be of no relation to the applicant.
        * Each person must attest to having personal knowledge of the events establishing the applicant is a citizen, and must also prove their own citizenship and identity.
        * If the person knows why documentary evidence establishing the applicant's claim of citizenship is not available, the affidavit should contain that information as well.
        * The State must obtain a separate affidavit from the applicant/recipient or other knowledgeable individual explaining why the evidence does not exist or cannot be

obtained. It must be signed under penalty of perjury by the person making the affidavit.

B. IDENTITY

1. The following forms of documentation qualify as proof of identity and must accompany any documents establishing citizenship that were submitted from the second, third, or fourth levels of citizenship documentation.
   a. A current U.S. state or territory driver's license bearing the individual's picture or other identifying information such as name, age, sex, race, height, weight, or eye color
   b. Certificate of Indian Blood, or other U.S. American Indian/ Alaska Native tribal document
   c. Any identity document described in Section 274A(b)(1)(D) of the Immigration and Nationality Act
   d. School identification card with a photograph of the individual
   e. U.S. military card or draft record
   f. Identification card issued by the Federal, State, or local government with the same information included on the driver's license issued by the Federal, State, or local government.
   g. Military dependent's identification card
   h. Native American tribal document
   i. U.S. Coast Guard Merchant Mariner card
   j. Cross match with federal or state government agency, including but not limited to Vital Statistics and Division of Motor Vehicles.
   k. In addition to the above identity documents, children who are sixteen (16) years of age or younger may prove their identity through the use of the following documents:
      i. School records including nursery or day care records
      ii. Affidavit signed under penalty of perjury by a parent or guardian attesting to the child's date and place of birth. This cannot be used if an affidavit was submitted to document citizenship.
   l. Various "documents" issued by an organization called the World Council of Washington, D.C. are considered bogus and unacceptable as evidence of identity, citizenship, age, etc., for enumeration or other official purposes. These "documents" include: World Birth Certificates, World Citizen Cards, World Identity Cards, and World Marriage Certificates.

APPENDIX 8: CSP DETERMINATION FORM (Revised 10/13/11)

Client Name: _____ Social Security #: _____

Medical Record #:_____ DOB: _____ Agency: _____

1. Age: Is the client 18 years of age or older? Yes ___ No ___

2. Diagnosis: Does the client have an eligible primary mental health diagnosis as listed below? Yes ___ No ___
If "Yes", check appropriate item in the table.

Schizophrenic/Psychotic Disorders

___ 295.1 Schizophrenia, Disorganized Type
___ 295.2 Schizophrenia, Catatonic Type
___ 295.3 Schizophrenia, Paranoid Type
___ 295.6 Schizophrenia, Residual Type
___ 295.9 Schizophrenia, Undiff. Type
___ 295.7 Schizoaffective Disorder
___ 297.1 Delusional Disorder
___ 298.9 Psychotic Disorder, NOS

Personality Disorders

___ 301.20 Schizoid Personality Disorder
___ 301.22 Schizotypal Personality Disorder
___ 301.83 Borderline Personality Disorder

Mood Disorders

___ 296.0 Bipolar I Disorder, Single Manic
___ 296.2 Major Depressive Disorder, Single
___ 296.3 Major Depressive Disorder, Recurrent
___ 296.4 Bipolar I Disorder, Most Recent Episode, Manic
___ 296.5 Bipolar I, Most Recent Episode, Depressed
___ 296.6 Bipolar I Disorder, Most Recent Episode, Mixed
___ 296.7 Bipolar I Disorder, Most Recent Episode, Unspec.
___ 296.80 Bipolar Disorder, NOS
___ 296.89 Bipolar II Disorders
___ 296.9 Mood Disorder, NOS

3. Functional Level: As a result of the illness specified above, the client has a functional impairment which has substantially interfered with one or more major life activities during the last 12 months for a period of at least 6 months. "Substantial interference" is evidenced by a) 1 score of 40 or greater OR b) 2 scores of 30 or greater on the CAR scales below, OR c) there is clinical evidence indicating that the client would score at that level in the absence of treatment.

Please enter actual current scale scores below. Yes___ No ___

If "Yes" based on item "c", please provide clinical evidence in the space below or attach to this form.

Functional Scale	Score
6. Interpersonal Relations	
7. Role Performance	
8. Socio-Legal	
9. Self Care/Basic Needs	

Score	Definition
1-9	Above Avg.
10-19	Average
20-29	Slight
30-39	Moderate
40-49	Severe
50	Extreme

Clinical Evidence If Required:

Client Social Security #: _____

4. Treatment History: Has the client either undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime or had a single episode of continuous, structured supportive residential care other than psychiatric hospitalization of at least two months? (Treatment more intensive than outpatient care includes, but is not limited to, psychiatric hospitalization, partial hospitalization, assertive community treatment, psychiatric rehabilitation day program, ASU, or CMHO crisis intervention services.) Yes___ No ___

DETERMINATION:

Based on the clinical information provided, does the client meet the definition of CSP?

____ Yes The client scored "Yes" on each of items 1—4 above;

OR

____Yes The client is experiencing first-break psychosis. Therefore, the diagnosis, functional level and treatment history items are waived.

____ No The client does not meet criteria.

Instructions For Providers

The following documentation must be available to State staff upon request for all clients who are determined to meet CSP criteria:

A) Diagnostic Formulation including a mental status examination with a complete DSM coded diagnosis including the last two digits (example 296.33)

B) Clinical evidence of the client's current condition and/or duration of the illness utilizing specific dated examples of situations, symptoms, and/or treatment required. This evidence might include, but is not limited to, psychiatric, psychological and/or psychosocial evaluations or assessments; applicable treatment plans; progress notes; and medication history.

C) Documentation of dates of treatment more intensive than outpatient care with discharge summaries if applicable and available. At a minimum, this area should include the client's admission/discharge date(s) and condition(s) treated.

This form must be signed by a one of the following professionals as described in the RR-BHO: 24.13.1 Licensed Independent Practitioner --- or ---24.13.2 Master's Degree with license to provide relevant behavioral health service or with one (1) year post Master's Degree full time experience providing behavioral health services--- or --- 24.13.3 Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or with one (1) year post RN license full time experience providing behavioral health services

Name (Print): _____

Signature w/Credential: _____

Date: _____